TENNESSEE

BOARD OF NURSING



Declaration of Primary State of Residences

Last First Middle CURRENT MAILING ADDRESS PERMANENT MAILING ADDRESS (if different from current address) Box or Street Box or Street City State Zip Code City State Zip Code Tennessee Registered Nurse License No: Tennessee Licensed Practical Nurse License No: Telephone – Work () I declare that my primary state of residence is This state is referred to as my home state and mean that it is my "declared fixed permanent and principal home for legal purposes". I am currently practicing nursing (including telenursing) in the following states: Please INITIAL each statement that applies to you: I am currently licensed in Tennessee as well as another compact state*. The other compact state is my primary state of residence. I understand that my Tennessee license will not be valid after the compact is enacted in my primary state of residence. I am currently licensed in Tennessee. My primary state of residence is another compact state in which I am not currentl licensed. I understand that I will need to apply for licensure in my primary state of residence. I am currently licensed in Tennessee and serving in the armed service or practicing in a federal institution. I understand that the Nurse Licensure Compact may not apply to me as long as I practice only in a federal institution.	Name:					Social Security Number	
Box or Street City State Zip Code City State Zip Code Tennessee Registered Nurse License No: Tennessee Licensed Practical Nurse License No: Telephone – Work (· · · · · · · · · · · · · · · · · · ·	ast	First	M	iddle		
City State Zip Code City State Zip Code Tennessee Registered Nurse License No:	CURRENT	MAILING ADDRES	S		PERMAN	ENT MAILING ADDRESS (if different from current addres	s)
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I declare that my primary state of residence is	Tennessee 1	Registered Nurse L	icense No:		Tenne	essee Licensed Practical Nurse License No:	
that it is my "declared fixed permanent and principal home for legal purposes". I am currently practicing nursing (including telenursing) in the following states: I am currently licensed in the following states: Please INITIAL each statement that applies to you: I am currently licensed in Tennessee as well as another compact state*. The other compact state is my primary state or residence. I understand that my Tennessee license will not be valid after the compact is enacted in my primary state or residence. I am currently licensed in Tennessee. My primary state of residence is another compact state in which I am not currently licensed. I understand that I will need to apply for licensure in my primary state of residence (home state) and that my Tennessee license will not be valid after the compact is enacted in my primary state of residence. I am currently licensed in Tennessee and serving in the armed service or practicing in a federal institution. I understand that the Nurse Licensure Compact may not apply to me as long as I practice only in a federal institution. I am currently licensed in the following non-compact states:	Telephone – Work ()				Telephone – Home ()		
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		I am currently licensed in the following non-compact states: I understand					
Signature: Date:	By the sign	ature below, I attest	to the accuracy o	f the information p	provided.		
	Signature:					Date:	

*As of April 1, 2004, the following states will be participating in the Nurse Licensure Compact and will be referred to as compact states: Arizona, Arkansas, Delaware, Idaho, Indiana, Iowa, Maine, Maryland, Mississippi, Nebraska, New Mexico, North Carolina, North Dakota, South Dakota, Tennessee, Texas, Utah and Wisconsin. All other states will be referred to as non-compact states.

PLEASE RETURN THIS COMPLETED STATEMENT WITH A COPY OF DRIVERS LICENSE VIA MAIL TO THE TENNESSEE BOARD OF NURSING, 227 FRENCH LANDING, SUITE 300, HERITAGE PLACE METRO CENTER, NASHVILLE, TN 37243, or FAX to (615) 741-7899. If you have questions, please call 1-800-778-4123, Ext. 25166.

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